## FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name	of Candidate	(in full)													
Shelley Moore Capito															
(b) Address (number and street)									2. Identification Number						
2 Comstock Place (c) City, State and ZIP Code									H0WV02138  3. Is This New Amended						
Charlesto		Oude		WV 253	14-			Statemen	nt	1 V I	New (N)	OR		Amended (A)	
4. Party Affili			5. Office S				6. State & Dis	strict of Candi	date		()			(* ')	
•	ICAN PARTY		House	9			WV 2								
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE															
7. I hereby de	7. I hereby designate the following named political committee as my Principal Campaign Committee for the														
NOTE: This designation should be filed with the appropriate office listed in the instructions.															
(a) Name of Committee (in full)															
Shelley Moore Capito for Congress															
(b) Addre	ess (number a	and street)													
P.O.	Box 11519														
(c) City,	State and ZII	P Code													
Charl	eston			WV 253	39-										
DESIGNATION OF OTHER AUTHORIZED COMMITTEES															
(Including Joint Fundraising Representatives)															
8. I hereby au candidacy		owing named o	committee,	which is NOT	my	principal ca	mpaign commit	tee, to receive a	and e	expen	d func	ds on be	half o	f my	
NOTE:Th	nis designatio	n should be f	iled with the	e principal ca	mpa	aign commi	ttee.								
(a) Name	of Committee	e (in full)													
Physicians to Retain Our Majority															
(b) Addre	ess (number a	and street)													
228 S Washington St, Ste. 115															
(c) City, S	State and ZIP	Code													
Alexandria VA 22314-															
DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)															
9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by															
			9A				0.00	for the prim	nary (	electi	ion, aı	nd			
			9B		0.00					electi	on.				
If you do not in	ntend to expen	d personal fun	ıds exceedii	ng the thresho	ld ar	nount for eit	her election, yo	u must enter "0	0.00''	for ea	ach.				
	I certify th	at I have exar	nined this	Statement an	d to	the best of	my knowledge	e and belief it i	is tru	ie, c	orrect	, and c	ompl	ete.	
Signature of Candidate									Date						
Shelley Moore Capito									11/30/2006						
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C.§437g.													.C.§437g.		
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FE3AN039 FEC FORM 2 (REV. 02/2003)